

Increasing Access to Services Provided through Indian Health Services Subcommittee

Meeting Notes 11/18/2015

Attendees: Kim Malsam-Rysdon, Lynne Valenti, Brenda Tidball-Zeltinger, Jerilyn Church, Rachel Sherard, JoEllen Koerner, Mike Diedrich, Sara DeCoteau, Sunny Colombe, Richard Huff, Angelia Svihovec, Sen. Troy Heinert, Justin Taylor, Charlene Red Thunder, Gil Johnson, Donna Keeler, Evelyn Espinoza, Kathaleen Bad Moccasin

Welcome and Introductions

Stephanie Denning from HMA welcomed the group and reminded subcommittee members to sign the attendance sheet. She reminded subcommittee members to review the minutes from the November 4th meeting <http://boardsandcommissions.sd.gov/Template.aspx?id=145> and to send comments and revisions to Kelsey Smith @ Kelsey.Smith@state.sd.us.

Review of November 4 Meeting Minutes

At the November 4th meeting the group reviewed proposals from providers of telehealth services, specifically e-emergency and e-specialty consult services; they also heard about a couple of IHS/Tribal prenatal care programs. Additionally, CareSpan presented information about their services based on a pilot project in which they are working with the GPTCHB.

Urban Indian Health Center Model of Prenatal Care (BabySteps Program)

Donna Keeler provided an overview of the BabySteps program. BabySteps is a twofold program with a focus on the needs of both expecting moms and their babies. The program helps expecting moms to take “Baby” steps to a healthier life that benefiting both moms and her baby. BabySteps started in spring 2014, with a \$3,500 March of Dimes grant. The grant provided each expecting mom with a Baby Basics book titled, “The Coming of the Blessing.” The book was designed by and for American Indians and Alaska Natives. The book provides culturally competent education and documents each mom’s journey towards motherhood in preparation for welcoming her baby.

The program initially received a \$10K grant from the Indian Health Services. The money was used to purchase a Doppler ultrasound unit, baby mats, gift cards, incentives, and supplies. Additional March of Dimes grant funding was used to formalize the program. Dr. Ashley Briggs, OB-GYN from Sanford Health volunteers her clinical services to the program free of charge. She helps the Baby Steps staff with implementing the clinical part of the program. The program contains four components:

- 1) Baby Lessons - educational information about pregnancy. Pregnant moms further along in their pregnancy guide the newer program enrollees. It is a very cultural, non-clinical setting, providing individualized guidance on things to expect and feel.
- 2) General Topics - provide information on domestic violence, depression, oral health, labor, etc. Topics that don’t relate to being pregnant but relevant to the moms within the program.
- 3) Cultural - projects that moms take on to make special things for themselves and their babies, such as baby moccasins, dream catchers, medicine bags, etc.
- 4) Sharing – Encourages the Moms come back to the group post-partum with their baby, share their delivery experiences and serve as mentors to others within the group.

Women are able to enter the program at any point in their pregnancy. The program does things to keep the mom's engaged and attending group meetings. They send out mailings, conduct reminder calls and provide transportation to help the moms get to the meetings, etc. They also provide on-site child care to make it easier for moms to attend.

Program Results: The program has registered 25 women, one mis-carried, and 19 deliveries to date. The program has data on 17 deliveries, 14 Vaginal, 3 C-Sections. Moms ranges in age from 19 to 43 years old. All babies were delivered at full term.

The program will soon start to use the Johns Hopkins Family Spirit curriculum for home visiting to support pregnant teens. The program will follow enrollees for 36 months postpartum and includes 63 lessons.

Federal Healthy Start (HSP) Model of Prenatal Care

Healthy Start Northern Plains Program Manager, Linda Little Field talked about the program and the incorporation of the Family Spirit program within the Healthy Start program.

Linda presented information on improving women's health before, during and after pregnancy. The program focuses on helping families care for their infants, through the first two years, so they are healthy and ready to learn. Northern Plains HSP is funded by HRSA in five year cycles, and is one of the original 15 HSP programs that began in 1991. 87 HSP programs nationally, one of just 2 HSP programs nationally working in Native American communities. The program currently serves Sisseton, Flandreau, Strong Rock and Crow Creek reservations in South Dakota as well as three reservation communities in North Dakota. About 200 women and children are currently served by the program, with the intent to serve 500 people in the future.

HSP serves:

- Women of child bearing age, 18-44
- Children 0-24 months
- Serves seven reservation communities in ND and SD
- Designated healthcare shortage areas with infant mortality rate more than 2x greater than the national average rate, 5.96 deaths per 1000 births

In SD, American Indians have very high infant mortality rates. At the time the HSP started, 18% of all births were Native American but Native Americans represented 32% of all infant deaths.

Healthy Start Services provided to participating moms include:

- Case management to mitigate barriers, advocate, and reduce disparity by linking to resources
- Risk screening and referrals (depression, tobacco, and SA/Domestic violence)
- Reproductive life planning
- Home visits (Evidence based intervention, nurse partnerships, alternatives to care)
- Health education (safe sleep, breastfeeding, immunizations)
- Enabling services (transportation, accompaniment)
 - 14.6% of moms said they could not make prenatal due to transportations, 13.4% could not make an appointment due to access issues.

HSP provides services through a variety of CHW care professionals

- Community Health Worker (CHW) model
- Para-professionals preferred

- Community members
- Ability to form therapeutic relationships
- Provide one-on-one services

The program has been fortunate not to have staff turnover. They have an internal staff person who performs one on one new staff training. They have also sent new staff to another tribe's training program. The group training experience is essential. CHWs are paid \$16 p/h. Full-Time employees get fringe benefits. Most positions are part-time.

Tools used by HSP: Family Spirit curriculum designed specifically for use in Native American communities. Culturally appropriate and adaptable. Room for own personal and cultural differences. Family Sprit recommends a caseload of 25 -29 mothers. Some communities have larger caseloads. Key aspects of the Family Spirit curriculum include:

- Evidence Based
- Culturally appropriate
- Holistic approach – spirituality, connections to cultural and community in connection with wellness.
- Structured one hour visits
- 63 educational units

Goals of the family support provided by the HSP program are to:

- 1) increase parenting knowledge and skills
- 2) address maternal psychosocial risks that could interfere with positive child rearing
- 3) promote optimal physical, cognitive, social/emotional development for children ages 0-3
- 4) prepare children for early school success
- 5) ensure children get recommended well-child visits and health care
- 6) link families to community services to address specific needs
- 7) promote parents and children's life skills and behavioral outcomes

Proven outcomes:

Increased maternal Knowledge

Parents' self-efficacy

Reduced parent stress

Improved home safety attitudes

Decreased maternal depression

Fewer behavioral problems in mothers

Less behavioral health issues in children through age 3

Predicts lower use of the substance and behavioral health problems over the course of the life.

Sen. Heinert said that it would be wonderful to have more opportunities to expand the program beyond the four current sites. Jerilyn Church shared data and assisted the Ogala Sioux Tribe to apply for an HSP grants on their own. Offered the same opportunity to United Tribes Technical College. Participating North Dakota tribes did not want to separate from the GPTCHB program.

Medicaid Rates for Prenatal Care

Brenda Tidball-Zeltinger discussed the requirements for the Medicaid program to provide pregnant women with pregnancy specific services in addition to the full scope of Medicaid state plan services. Medicaid utilizes a global, all-inclusive delivery rate that includes prenatal, delivery and post-partum care. The global rate is \$1400 payment to physicians. Hospital and service charges are reimbursed separately.

Providers treating women with high-risk pregnancies and those with medical complications receive additional reimbursement from Medicaid by use of billing modifiers.

Medicaid Expenditures served through pregnancy coverage group:

- \$16.6 million for 4,237 recipients
- Total Medicaid births, 5,820 includes women from all coverage groups
- Neo-natal Intensive Care Unit (NICU), \$16.9 Million, 636 babies

IHS Data on Deliveries and Prenatal Care

Data not available for this meeting. Jerilyn Church will visit with Ron Cornelius to see if data can be provided at the next subcommittee meeting.

Discuss Recommendations:

Prenatal Care:

The subcommittee discussed the role Community Health Workers can provide in prenatal care, and recommended the model developed in South Dakota include the provision of services to eligible pregnant mothers and their babies. CHW model needs to have a strong health education component to ensure that the model accommodates this population.

E-Emergency Care:

Richard Huff indicated the IHS service units at Eagle Butte and Rosebud have indicated interest in developing E-Emergency services. Other service units may also develop services in the future.

E-Consults:

The IHS service unit in Pine Ridge is working to develop behavioral health consultation services. The E-Behavioral Health service requires a safe room for BH emergencies. HIS is conducting a survey of IHS service unit CEOs on other service needs that could be met with telehealth services. That information will be presented at the next meeting.

The Wagner IHS service unit will initiate a pilot using CareSpan to provide services to high-risk obstetric patients. The facility cost is about \$2K for the Biosensors as the clinics already have computers to use for the service. Consulting doctors will be charged \$.50 per minute to pay for the CareSpan technology. The connection fee is paid by the consulting clinician.

Next Steps:

- Date change for next set of meetings, Thursday, December 3rd and Friday, December 4th
- Subcommittee to begin drafting recommendations to report out to the larger Health Care Solutions Coalition

Next Meeting

Thursday, December 3, AmericInn, 3:15 – 5:15 p.m., Central Time

REMINDER - All the materials from the Coalition and Subcommittees can be found on the State website at:
boardsandcommissions.sd.gov